



BAT MOBILE ACTIVITY REPORT

DEPARTMENT _____ DATE _____

In what activity were you involved?

- _____ Vehicle Check/Sobriety Check
- _____ D.W.I. Selective Traffic Enforcement Program
- _____ Other (Safety Fair, Demonstration, Alcohol Program, Etc.)

Please list the number of Violations, Warnings, and Citations issued:

- _____ VIOLATION CARDS ISSUED
- _____ WARNINGS ISSUED
- _____ SUMMONS or CITATIONS ISSUED
- _____ D.W.I. ARRESTS
- _____ M.I.P. ARRESTS
- _____ OTHER ALCOHOL ARRESTS (i.e. PROCURING, etc.)
- _____ DRUG ARRESTS
- _____ CRIMINAL ARRESTS (Weapons, NCIS/NCIC, etc.)
- _____ OTHER ARRESTS
- _____ CHILD RESTRAINT WARNINGS
- _____ CHILD RESTRAINT SUMMONS
- _____ SAFETY BELT WARNINGS
- _____ SAFETY BELT SUMMONS

COMMENTS _____

Submit the Activity Report via fax 402-471-3865 or mail to:

ATTN: John Ways
Nebraska Office of Highway Safety
P.O. Box 94612
Lincoln, NE 68509